

ACEs and Trauma-Informed Teaching in the English Classroom

By

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of

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English Classroom; English Language Arts; ACEs; Trauma; Trauma-Informed Teaching; Critical Literacy; *Perks of Being a Wallflower*

Abstract

Adverse Childhood Experiences (ACEs) plague our population. When people experience trauma through ACEs, they tend to cope through their trauma negatively. Many of these negative coping mechanisms tend to include risky behaviors which can lead to detrimental health issues in later adulthood. English teachers have the ability to educate students on ACEs by using Critical Literacy Pedagogy and Trauma-Informed Teaching. Students can analyze characters in novels and use ACEs as a lens to understand what the characters are experiencing. Teachers can help students make connections between informational articles and the text to help understand ACEs and healthy ways to cope through trauma.

Table of Contents

List of Illustrations.....	5
Part 1: Introduction.....	6
Part 2: Literature Review.....	11
What are Adverse Childhood Experiences (ACEs) and Their Effects?.....	11
What is Trauma-Informed Teaching?.....	15
What is Critical Literacy?.....	19
Part 3: Contributions to the Profession.....	22
Note to the Reader.....	22
Blog Post.....	23
Lesson Plans for <i>The Perks of Being a Wallflower</i>	27
Lesson 1.....	27
Lesson 2.....	39
Lesson 3.....	44
Lesson 4.....	54
Where Do I Go From Here?.....	66
References.....	67
Appendix.....	70

List of Illustrations

“Mechanism by which Adverse Childhood Experiences Influence Health and Well-being
Throughout the Lifespan”.....24

“Mechanism by which Adverse Childhood Experiences Influence Health and Well-being
Throughout the Lifespan”.....38

Part 1: Introduction

English teachers have the power to incorporate challenging and meaningful material into the classroom. So, why is it that we gravitate toward “the classics” and teach material that doesn’t connect with our students’ lives? During my undergraduate career I took my first education class, and this was where I had to write a teaching philosophy. Over the years, aspects of my philosophy have changed, however, one thing has remained constant: my material will be meaningful to my students’ lives. What my students learn in my classroom will have a lasting effect on them; they will take what they learn in my classroom with them into their futures.

During my student teaching, I was introduced to ACEs at a professional development. According to Joining Forces for Children, the “10 ACEs, as identified by the CDC-Kaiser study” are broken into categories. The first category is abuse which contains physical, emotional and sexual abuse. The next category is neglect which includes both physical and emotional. Finally, the household dysfunction category includes mental illness, incarcerated relative, mother treated violently, substance abuse, and divorce (What are ACEs, 2018). ACEs trauma is something that is prevalent in our society. Adolescent victims of trauma stemmed from ACEs may not be receiving information in safe spaces about how to cope with their experiences. It’s so important for students to be educated about ACEs and how to cope with trauma because ACEs can have lifelong repercussions.

In the article, “Long Term Physical Health Consequences of Adverse Childhood Experiences” by Shannon M. Monnant and Raeven Faye Chandler, it is stated that, “children who are exposed to emotional, physical, or sexual abuse and other adverse conditions are at greater risk of several negative health outcomes in adulthood, including poor self-rated health, chronic diseases, functional limitations, premature mortality, and poor mental health” (Monnant

& Chandler, 2015). This information about negative long-term effects of ACEs is discussed across the literature. According to J.P. Mersky, J. Topitzes, and A.J. Reynolds in their article “Impacts of Adverse Childhood Experiences on Health, Mental Health, and Substance Use in Early Adulthood: A Cohort Study of an Urban, Minority Sample in the U.S.,”

Retrospective accounts of ACEs such as abuse and neglect, parental divorce, and household violence were matched to health outcome data gathered from patient medical records...greater exposure to ACEs increases the risk of mortality and many forms of morbidity, including autoimmune, liver, coronary and pulmonary diseases...Increasing ACE levels have also been linked to poor self-rated health, mental health problems such as mood and anxiety disorders, as well as increased use of tobacco, alcohol and illicit drugs (Mersky et. al., 2013)

Not only are the possible effects of ACEs mentioned in Mersky’s article, but in the article “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study” are these outcomes listed. “...Disease conditions including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease, as well as poor self-rated health also showed a graded relationship to the breadth of childhood exposures. The findings suggest that the impact of these adverse childhood experiences on adult health is strong and cumulative” (Felitti et. al., 1998). ACEs and their effects have been noted in studies for a long time, however, it seems that there isn’t much in school’s curriculum that addresses these issues. The people who could be subject to ACEs sit in our classrooms day to day, and being educated on how to cope with past and current (even possible future) trauma is relevant to their everyday lives.

By incorporating ACEs education into the curriculum, students who may be experiencing trauma will not have their experiences silenced. Students need to be given the tools in a safe space to cope with their lived trauma in healthy ways, and not through risky behaviors that can increase said possible outcomes that are listed above. This being said, the importance of creating a safe way to navigate this challenging topic is above all the most important part of my intentions of bringing ACEs education to light for students.

After the ACEs professional development that I attended, I thought to myself that ACEs education should somehow be incorporated into the classroom. Early on, I realized that discussing trauma in the classroom would be difficult. There's so much that we know about our students, but there's also so much that we don't know. I decided that the best way that I could expose the students to information about ACEs would be to have them use it as a lens to analyze the characters in the novel rather than have students analyze themselves. As I continue with this project and this research, I plan to continue this trend of teaching ACEs through the characters. By analyzing characters, students may feel less pressure to think about their own lived experiences on the spot. Students will be analyzing the characters and their behaviors in relation to ACEs.

In the article "Critical Literature Pedagogy: Teaching Canonical Literature for Critical Literacy" by Carlin Borsheim-Black, Michael Mascaluso, and Robert Petrone, the authors discuss "reading with a text" and "reading against a text."

Critical Literature Pedagogy (CLP) weaves together two stances: reading *with* a text and reading *against* a text. Reading *with* a text includes familiar approaches of comprehending storylines, analyzing literary devices, making personal connections, understanding historical contexts, and developing thematic interpretations...CLP asks

students to read *against* it [the text] to examine how it is embedded in and shaped by ideologies...reading *against* canonical literature challenges students to consider not only what is written in the text but also what is not written that still accounts for the way the story works, the characters function, and how readers come to know and understand the world.

Critical Literature Pedagogy (CLP) is one of the main ways that teachers could incorporate ACEs into the classroom can be best explained. Using CLP allows students to take a text and make inferences about a character. What do their behaviors say about their possible experiences? What ways could the character cope with their trauma rather than their current method? “Developing a critical lens means not only identifying new knowledge but also being conscious of the social, cultural, and political contexts in which that knowledge exists...students may read a text only through a dominant narrative, a single interpretative lens” (Ebarvia et. al., 2020).

In addition to CLP, teachers should educate themselves on “trauma-informed teaching.” Trauma-informed teaching “...does not require that professionals are trauma treatment practitioners or that they are explicitly aware of a trauma history for an individual, only that they work from a culture that understands trauma...” (Sanders, 2019). Trauma and ACEs go hand in hand and when a teacher takes the time to educate themselves on the topic, the more aware they are of how to approach topics of trauma. It’s important that teachers educate themselves on ways to discuss trauma in a safe way for students; this is crucial in incorporating ACEs into the classroom.

By collaborating with peers, students will discuss possible healthy coping mechanisms for the characters, thus enforcing the possibility of these healthy coping mechanisms being used in their personal lives. Students will not be analyzing themselves during class time. The purpose of

bringing ACEs into the classroom is to provide students with the information that what they are experiencing is valid and also to provide ways to cope with their trauma in a positive, healthy way.

Part 2: Literature Review

Many people experience ACEs based trauma, and these experiences are typically silenced in the classroom. In the article “Social-Emotional Learning Should Be Priority During Covid-19 Crisis,” Wendy Turner states, “SEL [Social Emotional Learning] is the foundation, the heartbeat of the classroom...It's about connecting everybody and making them feel safe and secure before you get to the academics" (Walker, 2020). This idea of having students' emotional well-being being a priority should be something that occurs *constantly* in the classroom. According to Edutopia, SEL (Social Emotional Learning) is “...the process through which we learn to recognize and manage emotions, care about others, make good decisions, behave ethically and responsibly, develop positive relationships, and avoid negative behaviors” (Social and Emotional Learning, 2011). I will be compiling information to have an understanding of ACEs, Trauma-Informed teaching and Critical Literacy. First, I will be discussing what ACEs are as well as discussing the mental and physical repercussions that ACEs potentially can have on individuals who have ACEs. Next, I will be discussing Trauma-Informed teaching. Finally, I will be discussing Critical Literacy in the English classroom. By building background knowledge on this pedagogy, I will understand skills that I will need to implement a critical lens that incorporates ACEs and trauma into the classroom safely for students.

What are Adverse Childhood Experiences (ACEs) and Their Effects?

Adverse Childhood Experiences (ACEs), according to the Centers for Disease Control and Prevention “are potentially traumatic events that occur in childhood (0-17 years)” (Adverse Childhood Experiences, 2020). The following list includes what is considered to be an ACE: “experiencing violence, abuse, or neglect; witnessing violence in the home or community;

having a family member attempt or die by suicide” (Adverse Childhood Experiences, 2020). Included in this list are “aspects of the child’s environment” and are as follows: “substance misuse; mental health problems, instability due to parental separation or household members being in jail or prison” (Adverse Childhood Experiences, 2020). In addition to these listed ACEs, “...living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity” (Adverse Childhood Experiences, 2020) are more examples of ACEs factors that can contribute to long-term effects. Gaffney (2019) writes,

In the initial, landmark ACE study of more than 17,000 HMO [Health Maintenance Organization] members from 1995-1997, Centers for Disease Control and Prevention (CDC) and Kaiser Permanente researches found that two-thirds of the respondents had had at least one adverse childhood experience. They also found that the higher a person’s ACE score, the greater likelihood of poor physical health and mental health, risky health behaviors, and diminished educational and income opportunities (Gaffney, 2019).

ACEs are common, yet they aren’t acknowledged in the classroom. It’s important to note that there are other facets that link to traumatic experiences, not just the specifically detailed ACEs.

A 2018 study shows that children living in poverty, children of color and LGBTQ children tend to have more child—and household—centered ACEs...childhood trauma resulting specifically from racism, homophobia or other systemic injustices that weren’t articulated when the 10 ACEs were established...still go unaccounted in a student’s ACE score (Gaffney, 2019).

This being said, it's important that teachers begin acknowledging ACEs and trauma so that students can learn how to cope with their trauma in healthy ways and so students who may need support know they have a safe space to come to discuss potential struggles that they are facing.

Those with ACEs can experience potential effects on their mental and physical health. According to the Centers for Disease Control and Prevention, "ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood" (Adverse Childhood Experiences, 2020). Across the literature, researchers state that ACEs can affect health long-term. These long-term effects can typically begin as mental and behavioral health issues that lead into physical health issues. For example, it is stated that "...physical health conditions manifest later in the life course...mood, anxiety, and substance problems often occurs during late adolescence and early adulthood...mental health consequences in early adulthood may act as pathways that lead from ACEs to long-term physical health consequences" (Mersky et. al. 2013). In "Impacts of Adverse Childhood Experiences on Health, Mental Health, and Substance Use in Early Adulthood..." it is stated that, "...increased exposure to ACEs was associated with increased likelihood of poor health, mental health, and substance use in early adulthood" (Mersky et. al., 2013). Now, this does not mean that everyone who experienced ACEs will have physical and mental health issues that lead to substance abuse, however, it does mean that the chances of experiencing these negative health effects are more likely to occur. In the video "Introduction to Affect Theory," it's stated that

...the mind and body interacts...the body sends signals to the mind through its senses, its sensations...affects are like forces, they are prior to intentions, they are autonomic, they are pre-subjective, they're visceral, they are the intensities that move us. Affects...social

forces that we encounter that might trigger the body to respond in a certain way
(Introduction to Affect Theory, 2019).

This, I believe, connects to ACEs because of the reinforcement between the mind and the body. Being able to understand that there is a connection between the mind and body would validate the existence of ACEs and the negative effects that they can have on the body. By bringing ACEs discussion into the classroom, teachers will be able to teach students healthy ways to cope with struggles they're facing. What is the connection between the mental and physical outcomes from ACEs? The engagement with negative coping mechanisms.

During the 0-17 age range years, it's known that the brain isn't fully developed, and decision making and comprehension skills are lower than a fully developed adult brain. "...the child is left to make sense of that [trauma] with their developmental equipment of the particular age..." (Dayton, 2009). If children are experiencing trauma due to an ACE, they don't have the mental capacity to analyze the situation; the child would then be able to reflect on the situation they experienced when they are an adult (Dayton. 2009). When the child that experienced the trauma becomes a young adult, they may begin to use negative coping mechanisms to deal with unresolved trauma, stress, anxiety, depression, etc. (Monnant & Chandler 2016; Dayton, 2009). Adults who have experienced ACEs cope in negative ways, and these can be detrimental to physical health in the long run. Examples include "...avoidance-focused coping mechanisms...like smoking, alcohol consumption, overeating, and engaging in risky behaviors [e.g. drugs or risky sexual behaviors] can temporarily alleviate distress, shame and helplessness but can lead to health problems over time" (Monnat & Chandler, 2016). These coping strategies may help an individual in the moment but can cause health issues long-term. "ACEs can have lasting, negative effects on health, well-being, and opportunity. These experiences can increase

the risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide” (Adverse Childhood Experiences, 2020). In Gloria & Steinhardt (2014), they state that “heightened and long-lasting state of stress beyond homeostasis increases one’s risks for a number of serious health problems including cardiovascular disease...obesity...diabetes...autoimmune disease...burnout...and depression.” After understanding ACEs and their effects on the body, having stress as another link to ACEs and negative health outcomes only solidifies the need for teachers to bring material into the classroom that can help students learn how to cope with their emotions in a healthy way. The literature agrees that exposure to ACEs can lead to negative coping behaviors which can then lead to detrimental health effects.

One would agree that an Adverse Childhood Experience (ACE) can affect a child mentally and emotionally for the rest of their life, however, physical long-term effects from this come later in life. It can become a downward spiral for an individual's mental, emotional and physical health if they are experiencing an ACE and are acting out on negative coping mechanisms, which is why teachers need to bring this discussion into the classroom space.

What is Trauma-Informed Teaching?

It’s important to understand that one does not have to be specifically trained in trauma in order to be trauma-informed. Sanders (2019) writes, “...trauma-informed does not require that professionals are trauma treatment practitioners or that they are explicitly aware of a trauma history for an individual, only that they work from a culture that understands trauma...” (Sanders, 2019). Gaffney (2019) describes being trauma-informed means that one “...realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs

and symptoms of trauma in clients, families and staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.” By understanding these concepts of trauma-informed teaching, teachers can safely bring a discussion of trauma into the classroom. ACEs and positive coping skills *can* be brought into the classroom. “...trauma-informed approach must realize the widespread impact of trauma, whilst also understanding potential paths for recovery...trauma-informed pedagogy must attempt to ‘actively resist re-traumatisation.’” (Harrison et. al., 2020). The point of having these discussions is to give students the skills to know what are positive ways to cope with trauma and, in my opinion, give students a safe space to feel that they can share experiences either publicly (if they wish) or privately so they can have support through their situation.

Across the literature, the idea of ‘retraumatization’ is consistently mentioned; there is also a discussion on a concept called ‘secondary traumatization’ which is discussed by Carello & Butler (2014). “Retraumatization” is defined as “...the triggering or reactivation of trauma-related symptoms originating in earlier traumatic life events...” (Carello & Butler, 2014). The discussion of “secondary traumatization” explains how it is the “...exposure to traumatic narratives—particularly in circumstances in which the listener is highly empathic or trying to be” (Carello & Butler, 2014). This is something that can cause potential issues with traumatization. On one hand, those who are bringing trauma-informed teaching into their classrooms could potentially retraumatize a student if they aren’t practicing carefully. For example, Carello & Butler (2014) discuss a statement made by Rak (2003) that explains how people think that “trauma can and should be used to ‘shock students into feeling ‘appropriate’ responses to atrocity” (Carello & Butler, 2014). This is highly problematic and is an example of a method that

should be avoided in the classroom. Teachers don't know what their students have experienced in their lives and must be cognizant of creating a safe space for their students. "...students with trauma histories may be susceptible to experiencing retraumatization, and all students may be at risk for secondary traumatization through exposure to trauma narratives shared in the classroom" (Carello & Butler, 2014). Teachers should be using trauma-informed teaching skills to provide the best knowledge on how to cope with trauma in healthy ways and provide a safe space for all students.

There are many approaches one can take to safely implement trauma-informed teaching into the classroom. Zembylas (2012) notes what I find to be the most important part of trauma-informed teaching. He states "...value of compassion and strategic empathy for critical pedagogy in posttraumatic contexts...troubled knowledge provokes strong emotional reactions in the posttraumatic classroom...teachers need to establish trust in the classroom, develop strong relationships, and enact compassionate understanding in every possible manner" (Zembylas, 2012). Without trust, positive relationships, and compassion, trauma-informed teaching will not work. If the creation of a safe space occurs, not only with the teacher-student relationship help with trauma-informed teaching, but the student-student relationships will be affected positively as well. This being said, with a safe classroom space with positive relationships, "relational teaching" which is "where instructors are open and acknowledge their own struggles...students experience an emotionally engaging, and supportive learning environment..." (Sanders, 2019). Having a supportive, understanding role model is something that kids look for and need in their lives. This can be extremely beneficial for students.

A method of teaching that is mentioned is called "reflectivity [or reversibility]" which is something that Harrison et. al. (2020) write about. This allows the learner to make connections

between the text and themselves or other people they have close relationships with. “....produces the most effective learning...for some participants is the opportunity for reflectivity [or reversibility]...reversibility is not symmetrical, nor is it a mirror reflection, but some do come to reflect on their own experiences of trauma and those of family members” (Harrison et. al., 2020). To continue with more strategies to be taught, Sanders (2019) writes “...reframe[ing] maladaptive behaviors such as anxiety, self-harm, suicide, substance abuse, anger, aggression, and mistrust as coping strategies common among those who have been exposed to traumatic events.” This connects to a similar point made that states, “self-care strategies can encompass physical, relational, and cognitive strategies and students should incorporate them into their learning...” (Sanders, 2019). Bringing these strategies into the classroom is so important so students learn how to positively cope with issues they may be facing in their lives.

The idea of teaching coping strategies connects to the “broaden-and-build theory of positive emotions” (Gloria & Steinhardt, 2014). It states in the article “Relationships Among Positive Emotions, Coping, Resilience and Mental Health” that “positive emotions have the ability to widen the range of potential coping strategies that come to one’s mind during times of stress, consequently enhancing one’s resilience against present and future adversity” (Gloria & Steinhardt, 2014). Many students don’t know how to cope with trauma that they’re experiencing. “Cognitive-behavioral coping strategies focus on identifying and changing the maladaptive thinking and behavior that create stress in an effort to prevent or diminish threat, harm or loss...Adaptive coping strategies (e.g. active coping, planning and positive reframing) are actions and behaviors used in response to stress, which lead to improved outcomes...maladaptive coping strategies (e.g. denial, venting and substance abuse) often result in undesirable consequences...” (Gloria & Steinhardt, 2014). Trauma that students have and the coping skills they use directly

link back to the ACEs they've experienced. It's a teacher's job to teach them important life skills and one should be considered healthy coping skills. It's important for teachers to incorporate coping skills into the curriculum as well as create a classroom environment where students feel safe.

What is Critical Literacy?

A way to incorporate trauma-informed teaching and ACEs into the classroom is through the use of critical literacy. Critical Literacy "...promotes textual engagement that emphasizes consuming (reading, listening, viewing), producing (writing, speaking, designing), and distributing texts for real-life purposes and audiences" (Borsheim-Black et. al., 2014). When incorporating critical literacy into the classroom, the teacher and students should remember that what they're studying "...should be viewed as a lens, frame, or perspective for teaching throughout the day, across the curriculum, and perhaps beyond, rather than as a topic to be covered or unit to be studied..." (NCTE, 2019). The amazing thing about critical literacy is that it can be adapted to work with any "lens, frame, or perspective" (NCTE, 2019). This idea of using critical literacy as a lens or a frame is mentioned by Clarke and Whitney (2009) as well. They quote an article written by Jones (2006) which stated "...critical literacy is like a pair of eyeglasses that allows one to see beyond the familiar and comfortable: it is an understanding that language practices and texts are always informed by ideological beliefs and perspectives whether conscious or otherwise" (Clarke & Whitney, 2009). They continue to quote Jones (2006) and say that "...framework has three parts: *deconstruction*, *reconstruction*, and *social action*... 'all texts are embedded with multiple meetings and one way to examine some of those meetings is to peel away the layers through the consideration of perspective, positioning, and power'" (Clarke & Whitney, 2009). By incorporating the lens of trauma-informed teaching and using skills like

“broaden-and-build theory of positive emotions” (Gloria & Steinhardt, 2014), for example, students will be learning positive coping skills in the classroom through the safe space of analyzing characters.

Critical literacy and trauma-informed teaching have an overlap. In “Enacting Critical Literacy In English Classrooms,” it states, “...image of possibility, putting forth a vision and rationale for student talk that included identity work, student agency, and personal connection to texts...talk was a means through which students could improve their academic writing and begin to see themselves as the kinds of people who have original ideas that matter” (Riley, 2015). The idea of personal connections to the text is very similar to the trauma-informed teaching approach reflectivity [or reversibility] which is mentioned by Harrison et. al. (2020). This concept of Critical Literacy is also mentioned by Borsheim-Black et. al. (2014). It’s stated in the article “Critical Literature Pedagogy,” that

Critical Literature Pedagogy (CLP) weaves together two stances: reading *with* and reading *against* a text. Reading *with* a text includes...comprehending storylines, analyzing literary devices, making personal connections, understanding historical context, and developing thematic interpretations...CLP asks students to read *against*...examine how it is embedded in and shaped by ideologies...reading *against*...challenges students to consider not only what is written in the text but also what is not written... (Borsheim-Black et. al., 2014).

This is important to note because using ACEs and trauma-informed teaching needs to be implemented into the classroom in a safe way. By using critical literacy, students can analyze the story itself while making connections to themselves.

When bringing ACEs and trauma-informed teaching into the classroom, teachers need to be sure to create a space where students feel that they can share and work with their experiences. “Critical literacy provokes struggles and questions...critical literacy requires taking risks and sharing personal experience, value should be placed on getting to know each other, building trust, sharing stories, and setting group norms ' (Riley, 2015). Not only should teachers be aware of the way they are framing content, but they should be sure to create a space that is safe for all students to share the way they are analyzing a text and connecting to a text. “Critical literacy is a collaborative process...practices include closely looking at student work, exploratory dialogue, and discussions of shared texts. Personal writing can also support the inquiry process...” (Riley, 2015). Creating a space where students can connect with each other is similar to what Zembylas (2012) states; building a community in the classroom is one of the ways that trauma-informed teaching will work, and this rings true for critical literacy as well.

Part 3: Contributions to the Profession

For this project, I was able to be creative and write and create content that can be accessible to other teachers. The first topic I chose was to write a blog post that I could one day publish to a reputable site. Through this blog post, I will show the value in incorporating ACEs and acknowledging trauma in the classroom. The second topic I chose was to create lessons that are centered around teaching ACEs and trauma. These lessons will be centered around the novel *The Perks of Being a Wallflower* by Stephen Chbosky, however, my goal is to inspire other teachers who read these lessons to think about the texts they're using in their classroom and adapt their content to acknowledge ACEs and trauma.

Blog Post

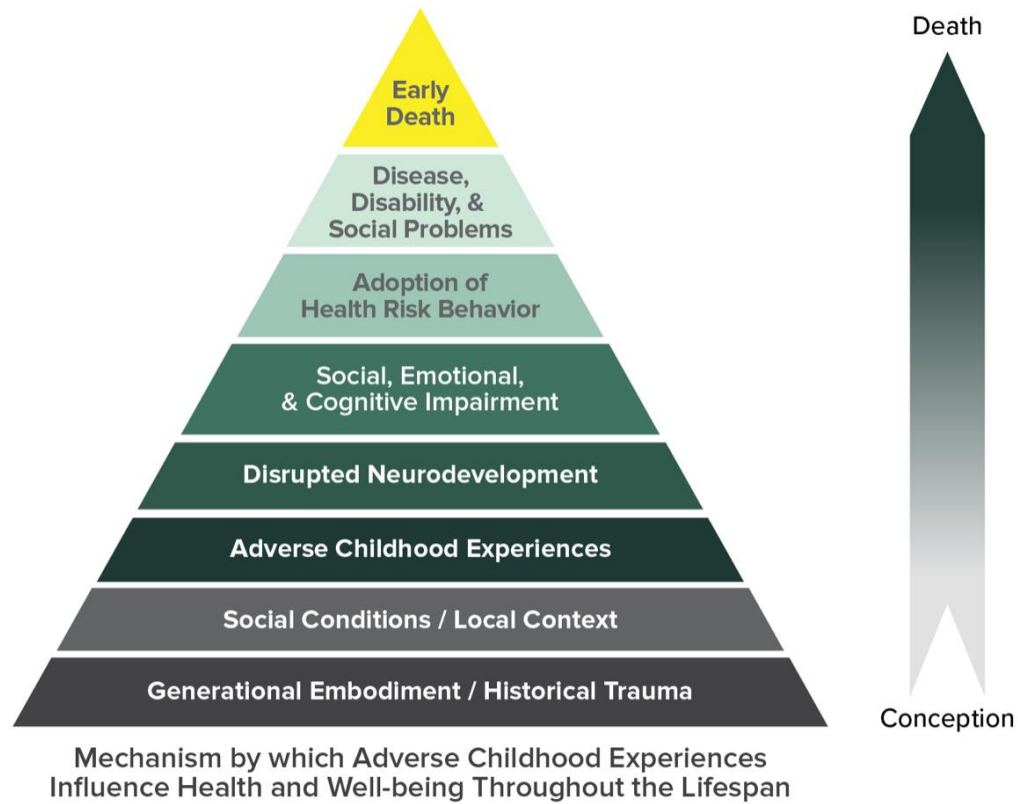
Why is it Important to Discuss ACEs in the Classroom?

All I remember from my days of middle and high school English is completing work for a good grade. Don't get me wrong, I loved my English teachers and their classes, however, I don't remember ever truly connecting to material in a meaningful way in school. The books I chose outside of school taught me lessons relevant to my life and helped teach me to cope with the hurdles I was facing during my teenage years. The books I was reading validated my struggles and feelings. These were the books I wish I could have read in my English classes.

When I decided to become a teacher, I promised myself that I would not only value the content I would be teaching, but my students and their experiences as well. Our students come to us with experiences that can be amazing to learn about—like their religion or cultural heritage. There are also students who have experiences that they try to hide—abuse, neglect, household dysfunction. If these topics sound familiar to you, it's because you already know about ACEs.

Adverse Childhood Experiences (ACEs) “are potentially traumatic events that occur in childhood (0-17 years)” (Adverse Childhood Experiences, 2020). ACEs are “physical, emotional, and mental abuse; physical and emotional neglect” (What are ACEs, 2018). The final topic “household dysfunction” includes: “mental illness; incarcerated relative; mother treated violently; substance abuse; and divorce” (What are ACEs, 2018). You might be wondering, “why would I bring those heavy topics into my classroom!?” Well, because it's the reality of some of our students. Now, I'm not saying to get into the nitty gritty of these topics, especially if it may be triggering to our students. What teachers should do with these topics is acknowledge that they exist; educate on the topic, but do not force students to share personal experiences. Make your main focus the characters in the text that you choose.

Take a look at the photo below.



From: About the CDC-Kaiser ACE Study |Violence Prevention|Injury Center|CDC. (2020, April 13).

Thinking of ACEs as a pyramid, everything that happens to our students is gradual and builds off of each other. “...physical health conditions manifest later in the life course...mood, anxiety, and substance problems often occur during late adolescence and early adulthood...mental health consequences in early adulthood may act as pathways that lead from ACEs to long-term physical health consequences” (Mersky et. al. 2013). Teachers should also provide healthy coping mechanisms for their students. Many people cope in unhealthy ways. “...avoidance-focused coping mechanisms...smoking, alcohol consumption, overeating, and engaging in risky behaviors [e.g. drugs or risky sexual behaviors] can temporarily alleviate distress, shame and helplessness

but can lead to health problems over time” (Monnat & Chandler, 2016). These health problems can include “...wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide” (Adverse Childhood Experiences, 2020). In addition to this list, it is noted that other issue can include “heightened and long-lasting state of stress beyond homeostasis increases one’s risks for a number of serious health problems including cardiovascular disease...obesity...diabetes...autoimmune disease...burnout...and depression” (Gloria & Steinhardt, 2014).

As English teachers, we should use our classroom space to not only help our students who may be struggling, but give students the knowledge on how to be empathetic and help those who may need help. Teachers should become “trauma-informed” so that they can understand a safe approach to teach students about difficult topics. “...trauma-informed does not require that professionals are trauma treatment practitioners or that they are explicitly aware of a trauma history for an individual, only that they work from a culture that understands trauma...” (Sanders, 2019). It’s important for teachers to understand that there are ways to incorporate ACEs education into the classroom, however, the approach needs to be done safely for our students’ well-being.

English teachers have the opportunity to create content that resonates with our students. Rather than going through the motions and teaching books that our students can’t connect to, we should be going above and beyond to teach our students lessons and provide skills that can help them and others throughout their lives. ACEs aren’t uncommon, and by ignoring them, we are doing a disservice to students who may be struggling. Be that teacher who makes a student feel that they’re not alone in their experience. Be the teacher to help a student realize that there is

hope. Give them the tools and resources to not only help themselves cope with their trauma, but help others as well.

Lesson Plans

Grade Level: 12th

Subject/Content area: English

Unit of Study: Understanding ACEs and Trauma

Lesson 1

Central Focus for the learning segment:

The focus of this lesson is to introduce the concepts of abuse and trauma and prepare students for what they will read in *The Perks of Being a Wallflower*.

Prior to the introduction of this book, I would have reached out to administration for consent to incorporate this novel into my classroom. I also would have reached out to parents and explained the purpose of reading *The Perks of Being a Wallflower* in English. Lastly, I would have prepared my students that we will be working with heavy topics like abuse and trauma. I would have already asked them to reach out to me if there was anything they were concerned about reading. If there were students who were concerned, I would have a) asked them if they felt comfortable reading if they had trigger warnings so they could skip those sections of the book and b) asked them if they would prefer to do an independent study project.

Content Standard(s): NYS CCLS or Content Standards (List the number and text of the standard. If only a portion of a standard is being addressed, then only list the relevant part[s].)

In informational texts, analyze a complex set of ideas or sequence of events and explain how specific individuals, ideas, or events interact and develop. (RI)

Learning Objectives associated with the content standards:

I can:

*analyze the information provided about trauma and ACEs and explain how the two topics relate to one another

Instructional Resources and Materials to engage students in learning:

- Google Slides Presentation
- Half sheets of paper (Warm-up & Exit Ticket)
- Pen/Pencil and Highlighter
- “What is Trauma?” by Karen Onderko
 - “Responding to...‘What is Trauma’ by Karen Onderko” in Google Classroom
 - Audio of me reading the questions and the article--posted in Google Classroom
- <https://www.cdc.gov/violenceprevention/aces/fastfact.html> ACEs Information by Centers for Disease Control and Prevention
 - “Responding to...‘ACEs’” by CDC in Google Classroom
- Trigger Warning list--Week 1

Instructional Strategies and Learning Tasks that support diverse student needs. (Include what you and students will be doing.):

Students will come into the room and pick up a half sheet of paper to respond to the warm-up that is written on the Google Slides presentation that is on the Smartboard. They will write a response to the question: “When you feel overwhelmed or upset, what are some things that you do that help you feel better?” When students are done responding, they will share with someone sitting near them.

Students will open up their Chromebooks and go to Google Classroom. Next, they will open up the document “Responding to...’What is Trauma?’ by Karen Onderko.” They will be working with a partner while they read the article and respond to the following: “What is the definition of trauma?; List the “Common Responses and Symptoms of Trauma” from the article.; Explain the difference between PTSD and ASD?; Create a “Small ‘t’ traumas VS. Large ‘T’ traumas Graphic Organizer. Prior to reading, I will read the questions aloud for the whole group. In Google Classroom, students will have access to an audio recording of the article that I made. If they choose to use this tool, they may listen and follow along with the reading.

As a class, we will explore the CDC website with information about ACEs. First, students will go to Google Classroom and open up the document “Responding to...’CDC ACEs Overview.” We will focus on reading through and understanding the web page titled “Preventing Adverse Childhood Experiences” (<https://www.cdc.gov/violenceprevention/aces/fastfact.html>). After reading through this web page, we will look at “The ACE Pyramid”

(<https://www.cdc.gov/violenceprevention/aces/about.html>) and discuss what we're seeing. It's important for students to understand that ACEs are a process and there are ways to cope in healthy ways. Students will copy and paste "The ACE Pyramid" into their "Responding to... 'CDC ACEs Overview'" document. Teachers should be sure to educate themselves on what negative coping mechanisms can lead to negative health effects so that they can explain the process clearly to the students ("ACEs and Trauma-Informed Teaching into the English Classroom" by myself, Shannon Herr, has lots of information on this!).

I will share with the students that at the beginning of each week, I will give them a list of trigger warnings for the sections of the book we will be completing. I will pass out "Trigger Warning List--Week 1." In lesson 2, we will begin the first week of reading.

After going through the ACEs website, students will complete an exit ticket. They will be responding to the question: "Now that you have an understanding of trauma and ACEs, explain how both are significant to each other? In other words, how do they connect to each other?" When they are done, they will turn their exit ticket in to me for credit.

Lesson Timeline:

55 minute block

Warm-up: 5 minutes

Reading: 40 minutes

Trigger Warning: 5 minutes

Exit Ticket: 5 minutes

Lesson 1: Google Slides

Monday, November 2nd

Perks of Being a Wallflower, Day 1

Warm-Up:

When you feel overwhelmed or upset, what are some things that you do that help you feel better?

I can:

*analyze the information provided about trauma and ACEs and explain how the two topics relate to one another

Agenda:

1. Warm-up
2. Read and Annotate “What is Trauma?” by Karen Onderko
3. Read and Take Notes on CDC ACEs Website
4. Trigger Warnings List for *Perks of Being a Wallflower*
5. Exit Ticket

Go to Google Classroom and open up the document “Responding to...’What is Trauma?’ by Karen Onderko.” With a partner, read the article and respond to the questions:

1. What is the definition of trauma?
2. List the “Common Responses and Symptoms of Trauma” from the article.
3. Explain the difference between PTSD and ASD?
4. Create a “Small ‘t’ traumas VS. Large ‘T’ traumas Graphic Organizer

Go to Google Classroom and open up the document “Responding to...’CDC ACEs Overview.”

As we review the website, we will write notes together about what ACEs are together.

Trigger Warnings in *The Perks of Being a Wallflower*

1. Prior to reading the chapters we will be reading each week in class, I will pass out a list of trigger warnings.
2. If there is something that you do not want to read/listen to (audiobook), you may step out of the classroom and skip that part of the book.

Exit Ticket:

On the back of your warm-up sheet, respond to the question below:

Now that you have an understanding of trauma and ACEs, explain how both are significant to each other? In other words, how do they connect to each other?

When you are done, please give me your exit ticket!

Trigger Warning List--Week 1

11/3 Reading

1. Suicide
2. Physical Abuse--hitting
3. Bullying
4. Sex/Sexual Gratification

11/4 Reading

1. Sex/sexual Gratification
2. Abuse
3. Rape
4. Drugs
5. Homophobia

11/6 Reading

1. Racism

What is Trauma?

Karen Onderko, Director of Research and Education

TRAUMA DEFINED

The longer we live, the more inevitable it is that we will experience trauma. Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope, causes feelings of helplessness, diminishes their sense of self and their ability to feel the full range of emotions and experiences.

It does not discriminate and it is pervasive throughout the world. A World Mental Health survey conducted by the World Health Organization found that at least a third of the more than 125,000 people surveyed in 26 different countries had experienced trauma. That number rose to 70% when the group was limited to people experiencing core disorders as defined by the DSM-IV (*the classification found in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*). But those numbers are just for instances that have been reported; the actual number is probably much, much higher.

While there are no objective criteria to evaluate which events will cause post-trauma symptoms, circumstances typically involve the loss of control, betrayal, abuse of power, helplessness, pain, confusion and/or loss. The event need not rise to the level of war, natural disaster, nor personal assault to affect a person profoundly and alter their experiences. Traumatic situations that cause post-trauma symptoms vary quite dramatically from person to person. Indeed, it is very subjective and it is important to bear in mind that it is defined more by its response than its trigger.

COMMON RESPONSES AND SYMPTOMS OF TRAUMA

Response to a traumatic event varies significantly among people, but there are some basic, common symptoms.

Emotional signs include:

- sadness
- anger
- denial
- fear
- shame

These may lead to:

- nightmares
- insomnia
- difficulty with relationships
- emotional outbursts

Common physical symptoms:

- nausea
- dizziness
- altered sleep patterns
- changes in appetite
- headaches
- gastrointestinal problems

Psychological disorders may include:

- PTSD
- depression
- anxiety
- dissociative disorders
- substance abuse problems

Acute Stress Disorder vs. Post-Traumatic Stress Disorder

Not every traumatized person develops post-traumatic stress disorder (PTSD). Some people develop some symptoms like those listed above, but they go away after a few weeks. This is called acute stress disorder (ASD).

When the symptoms last more than a month and seriously affect the person's ability to function, the person may be suffering from PTSD. Some people with PTSD don't show symptoms for months after the event itself. And some people deal with PTSD symptoms of a traumatic experience for the rest of their life. Symptoms of PTSD can escalate to panic attacks, depression, suicidal thoughts and feelings, drug abuse, feelings of being isolated and not being able to complete daily tasks.

Types of Trauma

As mentioned above, trauma is defined by the experience of the survivor. But there is a delineation of trauma levels. Broadly described, they can be classified as large 'T' traumas and small 't' traumas.

Small 't' traumas are circumstances where one's bodily safety or life is not threatened, but cause symptoms of trauma nonetheless. These events set one off-kilter and disrupt normal functioning in the world. They certainly don't seem small at all when they occur, but most will have an easier time recovering from them than a large 'T' trauma. On the other hand, small 't' traumas are

sometimes disregarded since they seem surmountable. This can be perilous as the cumulative effect of an unprocessed trauma or traumas may trail a person relentlessly. Examples are: life changes like a new job or moving; relationship events like divorce, infidelity, or an upsetting personal conflict; life stressors like financial troubles, work stress or conflict, or legal battles.

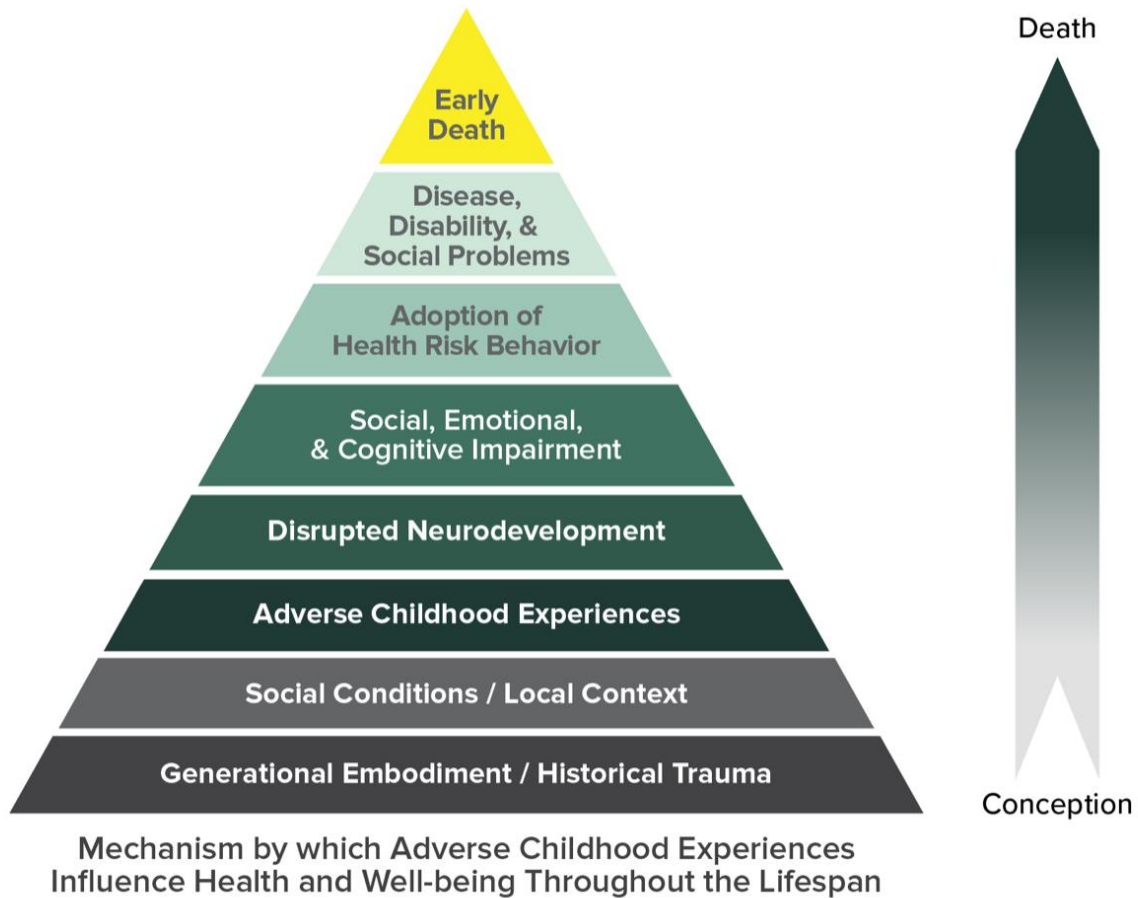
Large ‘T’ traumas are extraordinary experiences that bring about severe distress and helplessness. They may be one-time events like acts of terrorism, natural catastrophes, and sexual assault. Or, they may be prolonged stressors like war, child abuse, neglect or violence. They are much more difficult or even impossible to overlook, yet they are often actively avoided. For instance, people may steer clear of triggers like personal reminders, certain locations, or situations like crowded or even deserted places. And they may resist confronting the memory of the event. As a coping mechanism, this only works for so long. Prolonging access to support and treatment prolongs healing.

Therapies for Trauma

There is no cure for trauma nor any quick fixes for the suffering associated with them. But there is hope. A wide range of effective therapies exists and access to them is widespread. Trauma survivors are best served by working with a therapist or therapy that is trauma-focused or trauma-informed. Most trauma-informed therapists will employ a combination of therapy modalities.

Psychotherapy alternatives include exposure therapies to help with desensitization, Cognitive Behavioral Therapy which helps change thought and behavior patterns and reprocessing therapies like Eye Movement Desensitization and Reprocessing (EMDR) that allow the survivor to reprocess memories and events. Somatic therapies that use the body to process trauma include Somatic Experiencing and Sensorimotor Psychotherapy. Hypnosis, mindfulness, craniosacral therapy, trauma-sensitive yoga, art therapy and acupuncture can all also help. And last, many people use medications – primarily antidepressants and anti-anxiety medications – which can make symptoms less intense and more manageable.

“The ACEs Pyramid”



From: About the CDC-Kaiser ACE Study |Violence Prevention|Injury Center|CDC. (2020, April 13).

Lesson 2

Central Focus for the learning segment:

Students will be reading/listening to *The Perks of Being a Wallflower* in class today. They will be completing a homework assignment based off of the reading from class.

Content Standard(s): NYS CCLS or Content Standards (List the number and text of the standard. If only a portion of a standard is being addressed, then only list the relevant part[s].)

11-12R1: Cite strong and thorough textual evidence to support analysis of what the text says explicitly/implicitly and make logical inferences, including determining where the text is ambiguous; develop questions for deeper understanding and for further exploration. (RI&RL)

Learning Objectives associated with the content standards:

I can:

*cite evidence from the text to explain my initial impressions of Charlie

*infer which characters from the text may be experiencing an ACE & cite evidence to prove my claims

Instructional Resources and Materials to engage students in learning:

- Google Slides Presentation
- Half sheets of paper (Warm-up & Exit Ticket)
- Pen/Pencil
- *The Perks of Being a Wallflower* by Stephen Chbosky (copy for each student)
- Audiobook of *The Perks of Being a Wallflower*

- Response #1 — homework

Instructional Strategies and Learning Tasks that support diverse student needs. (Include what you and students will be doing.):

Students will come into the classroom and pick up a half sheet of paper. Once they take their seats, they will respond to the warm-up written on the board. They will be responding to the prompt: “List the different types of ACEs according to the CDC website (feel free to look at your notes!).” It’s important to refresh students on the different types of ACEs they learned yesterday when we reviewed the CDC website together.

Next, I will review the homework assignment with the students. The questions they will be answering are: “What is your initial impression of Charlie? Cite evidence from the text to emphasize your claim.; Which characters have ACEs/trauma? Cite evidence from the text to prove your claim.; and What are some questions you have about *The Perks of Being a Wallflower*?” Their homework assignment will be posted in their Google Classroom. I want the students to feel that they can pay attention to the story as we read and make specific connections to what we’re learning in class.

For the remainder of the class period, we will be listening to the audiobook of *The Perks of Being a Wallflower* and following along with the novel. Tomorrow in class, we will review the homework assignment together and continue to read the novel.

Students will submit their homework to Google Classroom.

Lesson Timeline:

55 minute block

Warm-up: 5 minutes

Review homework: 1 minute

Reading: 49 minutes

Lesson 2: Google Slides

Tuesday, November 3rd

Perks of Being a Wallflower, Day 2

Warm-Up:

List the different types of ACEs according to the CDC website (feel free to look at your notes!).

I can:

*cite evidence from the text to explain my initial impressions of Charlie

*infer which characters from the text may be experiencing an ACE & cite evidence to prove my claims

Agenda:

1. Warm-up
2. Look at Homework Assignment
3. Read/Listen to *The Perks of Being a Wallflower* (00.00-49:14)
4. Begin Homework Assignment

Response #1 — Homework

1. What is your initial impression of Charlie? Cite evidence from the text to emphasize your claim.

2. Which characters have ACEs/trauma? Cite evidence from the text to prove your claim.

3. What are some questions you have so far about *The Perks of Being a Wallflower*?

Lesson 3

Central Focus for the learning segment:

Students will be reading/listening to *The Perks of Being a Wallflower* in class today and making connections to the article “Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults: Results from a Multi-State Probability-Based Sample” by Judith P Andersen and John Blosnich.

Content Standard(s): NYS CCLS or Content Standards (List the number and text of the standard. If only a portion of a standard is being addressed, then only list the relevant part[s].)

11-12R1: Cite strong and thorough textual evidence to support analysis of what the text says explicitly/implicitly and make logical inferences, including determining where the text is ambiguous; develop questions for deeper understanding and for further exploration. (RI&RL)

11-12R9: Choose and develop criteria in order to evaluate the quality of texts. Make connections to other texts, ideas, cultural perspectives, eras, and personal experiences. (RI&RL)

Learning Objectives associated with the content standards:

I can:

*cite evidence from both *The Perks of Being a Wallflower* and “Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults”

*make connections between *The Perks of Being a Wallflower* and “Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults” in my response

Instructional Resources and Materials to engage students in learning:

- Google Slides Presentation
- Response #1— homework
- *The Perks of Being a Wallflower* by Stephen Chbosky (copy for each student)
- Audiobook of *The Perks of Being a Wallflower*
- “Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults” by Judith P Andersen and John Blosnich.
- Response #2— Homework

Instructional Strategies and Learning Tasks that support diverse student needs. (Include what you and students will be doing.):

When students come in, we will review “Response #1 – Homework” which was assigned through Google Classroom in the previous lesson. Students will share their thoughts with a partner. The teacher(s) should go around and listen to conversations the students are having and answer questions students may have.

Next, we will listen to the audio of *The Perks of Being a Wallflower* and follow along with the book. We will listen from 49:14-1:20:41.

Next, we will discuss the prompts for the homework assignment. The first prompt is: “In class we read through the article written by Judith P Andersen and John Blosnich. Reread Charlie’s letter from November 7th, 1991 (42-46). After reading, we know that Brad struggles with his sexual identity. What can you infer about Brad’s upbringing and home life? What can you infer about Patrick’s upbringing and home life? Is Brad exhibiting any negative coping skills that typically are outcomes from ACEs? Reflect and draw connections between *The Perks of Being a Wallflower* and the article by Andersen and Blonich. Be sure to use evidence from both texts to back up your claims.” The next prompt is: “In what way does Brad receive help? What advice would you give Brad if you saw what he was going through? In other words, how could you help Brad find healthy ways to cope with the stress of his situation?” After preparing students what they will be focusing on for their prompts, together, we will read through an

edited version of Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults: Results from a Multi-State Probability-Based Sample by Judith P Andersen and John Blosnich. We will work through this article until the bell.

Students will submit their homework to Google Classroom.

Lesson Timeline:

55 minute period

Warm-up: 5 minutes

Reading *The Perks of Being a Wallflower*: 30 minutes

Discuss Response #2— Homework: 5 minutes

Reading “Disparities in Adverse Childhood Experiences...” 15 minutes

Lesson 3: Google Slides

Wednesday, November 4th

Perks of Being a Wallflower, Day 3

Warm-Up:

Take out your homework from last night so we can review.

I can:

*cite evidence from both *The Perks of Being a Wallflower* and “Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults”

*make connections between *The Perks of Being a Wallflower* and “Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults” in my response

Agenda:

1. Warm-up
2. Read *The Perks of Being a Wallflower* (49:14-1:20:41)
3. Discuss homework for tonight
4. Read “Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults” by Judith P Andersen and John Blosnich.

Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults: Results from a Multi-State Probability-Based Sample

Judith P Andersen and John Blosnich

Linda Chao, Editor

Introduction

Adverse childhood experiences (e.g., physical, sexual, and emotional abuse, neglect, exposure to domestic violence, familial mental illness, substance abuse and incarceration) constitute a major public health problem in the United States [1]. A growing body of research provides evidence that adverse childhood experiences (ACE) can have systemic negative effects on health across the life-course [2]. [...] Moreover, studies suggest that certain minority populations, such as lesbian, gay and bisexual (i.e., sexual minority) populations, experience disproportionately higher prevalence of adverse childhood experiences.

Defining Adverse Childhood Experiences

[...] researchers defined a number of risky childhood exposures deemed Adverse Childhood Experiences (ACEs). These included growing up in a dysfunctional household environment (exposure to domestic violence, mental illness, alcohol or drug abuse, criminal behavior), abuse (physical, sexual, emotional), neglect (emotional and physical) and parental discord (caregiver separation or divorce). Results from this multi-wave study spanning more than a decade, revealed that two-thirds of the sample reported at least one ACE. Of those reporting one ACE, 87% reported at least one additional ACE category. Household dysfunction was highly prevalent, including parental discord (23.3%), substance abuse (26.9%) and at least one incarcerated family member (4.7%). Likewise, prevalence of emotional (10.6%), physical (28.3%) and sexual abuse (20.7%) was high [2], [4], [5].

The ACE project has significantly advanced prior research by including assessment of multiple childhood risk factors beyond sexual and physical abuse; it has drawn attention to the fact that adverse childhood experiences often occur in clusters rather than in isolation; and it has introduced the ACE scale for use in public health research. In 2009, members of the CDC, the World Health Organization, and public health officials from countries around the world met to outline a framework using the ACE scale as a standardized surveillance measure to assess the global burden of ACE on health [1]. Given the standardization and comprehensive nature of this measure, the ACE scale provides a common way to examine disparities in childhood maltreatment between heterosexual and sexual minority individuals in probability-based samples.

Adverse Childhood Experiences and Health

Childhood maltreatment has been linked to a number of negative health outcomes including autoimmune conditions, cancer, heart disease, sexual and reproductive health problems, mental health (e.g., depression, panic, memory, impulse control and anxiety), risky health behaviors

(e.g., smoking, drug and alcohol abuse, promiscuity), HIV, and somatic symptoms [2]. Felitti and colleagues reported a dose response relationship between the number of adverse childhood experiences and both health risk behaviors and chronic disease [4]. Specifically, odds of risk behaviors and mental health conditions increased exponentially with the number of adverse childhood experiences reported. For example, individuals reporting ≥ 2 or ≥ 4 adverse childhood experiences were significantly more likely to be smokers (OR=1.5 & 2.2, respectively), depressed (OR=2.4 & 4.6 respectively), or have attempted suicide (OR=3.0 & 12.2, respectively). Similarly, for chronic disease outcomes, individuals reporting ≥ 4 or more adverse childhood experiences exhibited a twofold increase in odds of ischemic heart disease (OR=2.2), any cancer (OR=1.9), and stroke (OR=2.4). Riley and colleagues documented a similar dose response relationship between severity of sexual and/or physical abuse and hypertension in data from the Nurses' Health Study II [6]. Brown and colleagues found that individuals reporting ≥ 6 adverse childhood experiences died on average 20 years earlier than those without such experiences [7].

[...]

The negative health impacts of adverse childhood experiences are clear. Anda and colleagues have named this body of evidence as the “face of a chronic public health disaster” [5]. Amidst this “disaster,” there are populations with disproportionately higher prevalence of adverse childhood experiences, such as sexual minority populations.

Adverse Childhood Experiences Among Sexual Minority Individuals

[...]

Research from the National Survey of Midlife Development in the United States (MIDUS) showed a higher prevalence of emotional maltreatment among sexual minority men (52.6%) and women (45.5%) compared to heterosexual men (36.5%) and women (37.2%), respectively [14]. Furthermore, Balsam and colleagues found higher prevalence of CSA, physical abuse, household violence, neglect, and psychological abuse among sexual minority individuals compared to their heterosexual siblings [15]. Similarly, Stoddard and colleagues found that 20.4% and 26.6% of lesbians reported physical and sexual abuse, respectively, compared to 10% and 15.7% of their heterosexual sisters [16].

Although the evidence of disparities in abuse between heterosexual and sexual minority individuals is mounting, there are limitations to prior research. First, research has yet to employ the ACE scale with a sample of sexual minority persons. Second, much of the current research on sexual minority persons has relied upon convenience samples [11]. Third, many studies combine gay/lesbian and bisexual populations to preserve statistical power, despite a burgeoning literature showing that many health risk indicators differ between gay/lesbian and bisexual groups [17], [18].

The Current Study

To date, it is unclear if disparities exist between sexual minority and heterosexual individuals on dysfunctional household factors beyond emotional, sexual and physical abuse; factors such as those measured by the ACE scale. The goals of this study were to document among sexual minority persons the prevalence of early life stress as measured by the ACE scale, and to disentangle the prevalence of ACE among sexual minorities by distinctly analyzing gay/lesbian and bisexual groups. Using a large probability-based sample of sexual minority and heterosexual adults, this project tested the hypotheses that (a.) sexual minority adults would have increased odds of experiencing each of the eight ACE categories (i.e., familial substance abuse, mental illness, incarceration, parental discord, exposure to domestic violence, and physical, sexual and emotional abuse); and (b.) sexual minority persons would report a higher number of total ACE categories than their heterosexual peers.

[...]

Discussion

This study is among the few that have used a probability-based sample of sexual minority adults to examine early life stress, and it is, to our knowledge, the only one to date that has used the ACE scale. In addition to assessing multiple forms of abuse, the ACE scale provides assessment of household dysfunction (i.e., familial mental illness, substance abuse, incarceration, parental discord, and domestic violence). These variables have been largely unexplored in the literature comparing the early life experiences of heterosexual and sexual minorities. This is among the first reports to show that in addition to abuse, sexual minorities may report higher rates of household dysfunction such as familial mental illness, substance abuse, incarceration, and for bisexuals, parental discord.

In support of our hypotheses, our results suggest that sexual minority individuals had increased odds of exposure to each of the majority of adverse childhood experiences, and they reported a significantly higher rate in the number of adverse childhood experiences. This is particularly noteworthy in light of the evidence of the dose response relationship between adverse childhood experiences and poor health outcomes [4]. Sexual minority populations experience numerous mental health disparities, such as depression, anxiety and suicidal behavior

[...]

The present findings on physical, sexual and emotional abuse corroborate literature outlining increased prevalence of these experiences among sexual minorities in comparison to heterosexuals [13], [14]. Specifically, sexual minority individuals in this sample had nearly twice the odds of experiencing physical, emotional and sexual abuse when compared to their heterosexual peers. Furthermore, by parsing gay/lesbian and bisexual groups, results indicated that bisexual individuals had almost three times the odds of experiencing sexual abuse than their heterosexual peers. This finding supports previous literature that suggests the examination of gay/lesbian and bisexual populations separately may be important for understanding particular experiences among each subgroup when comparing them to their heterosexual peers [17], [18]. For example, in this sample, lesbian/gay respondents did not differ from heterosexuals in

reporting parental discord, whereas bisexual persons reported the highest prevalence. If lesbian/gay and bisexual persons had been combined into one group, that entire group would have seemingly reported higher prevalence of parental discord than the heterosexual group where the actual driver of the difference was only the bisexual group.

[...]

Response #2— Homework

Part 1:

Directions: In class we read through the article written by Judith P Andersen and John Blonich. Reread Charlie's letter from November 7th, 1991 (42-46). After reading, we know that Brad struggles with his sexual identity. What can you infer about Brad's upbringing and home life? What can you infer about Patrick's upbringing and home life? Is Brad exhibiting any negative coping skills that typically are outcomes from ACEs? Reflect and draw connections between *The Perks of Being a Wallflower* and the article by Andersen and Blonich. Be sure to use evidence from both texts to back up your claims.

Part 2:

In what way does Brad receive help? What advice would you give Brad if you saw what he was going through? In other words, how could you help Brad find healthy ways to cope with the stress of his situation?

Lesson 4

Central Focus for the learning segment:

Students will be reading *The Perks of Being a Wallflower* and doing a deep analysis and make inferences on an excerpt from the novel. Students will complete an ACE Questionnaire form from the perspectives of both Charlie's Mom and Grandpa using information given previously in the book and in the excerpt that they will be reading.

Content Standard(s): NYS CCLS or Content Standards (List the number and text of the standard. If only a portion of a standard is being addressed, then only list the relevant part[s].)

11-12R1: Cite strong and thorough textual evidence to support analysis of what the text says explicitly/implicitly and make logical inferences, including determining where the text is ambiguous; develop questions for deeper understanding and for further exploration. (RI&RL)

11-12R6: Analyze how authors employ point of view, perspective, and purpose, to shape explicit and implicit messages (e.g., persuasiveness, aesthetic quality, satire, sarcasm, irony, or understatement). (RI&RL)

Learning Objectives associated with the content standards:

I can:

* use textual evidence to make logical inferences on the ACE Questionnaire for Charlie's Mom and Grandpa

*analyze the excerpt from Chbosky's *The Perks of Being a Wallflower* to understand what Charlie's Mom and Grandpa may and may not have experienced when it comes to ACEs.

Instructional Resources and Materials to engage students in learning:

- Google Slides Presentation
- *The Perks of Being a Wallflower* by Stephen Chbosky (copy for each student)
- Audiobook of *The Perks of Being a Wallflower*
- ACEs Through the Eyes of Charlie's Mom and Grandpa Worksheet

Instructional Strategies and Learning Tasks that support diverse student needs. (Include what you and students will be doing.):

Students would come into the classroom and read the warm-up on the board: “Take out “Response #2— Homework” from last night. With a partner, discuss what you wrote for how you would help Brad find healthy ways to cope with the situation he’s experiencing.” This should take about 5 minutes.

Next, students will be reading/listening to *The Perks of Being a Wallflower* (1:20:41-1:47:48). In this part of the reading, students will read what life for Charlie’s grandpa was like when he was younger. They will also read how his grandpa’s hardships translated into how he raised his children.

For the rest of the period, students will be completing an ACE Questionnaire as Charlie’s mom and grandpa. For items that the students believe they should answer yes to, they must use evidence from the text to back up their claim. This activity may not be completed by the end of the period (rather than a 55 minute block, it’s 45 minutes today). Students DO NOT complete the ACE Questionnaire at home. There are questions on this questionnaire that may resonate with some of the students and their lived experience. They are to complete this form in the safe space of the classroom. Students may choose their partners for this activity.

Students will have the next class period to work on this assignment for about 20 minutes (check in and adjust time if needed). After students complete the form next class, we will have a class discussion with the remainder of the period.

Lesson Timeline:

45 minute period

Warm-up: 5 minutes

Reading/Listening: 30 minutes

ACE Questionnaire: 10 minutes (today, 20 next class).

Lesson 4: Google Slides

Friday, November 6th

Perks of Being a Wallflower, Day 4

Warm-Up:

Take out “Response #2— Homework” from last night. With a partner, discuss what you wrote for how you would help Brad find healthy ways to cope with the situation he’s experiencing.

I can:

* use textual evidence to make logical inferences on the ACE Questionnaire for Charlie’s Mom and Grandpa

*analyze the excerpt from Chbosky’s *The Perks of Being a Wallflower* to understand what Charlie’s Mom and Grandpa may and may not have experienced when it comes to ACEs.

Agenda:

1. Warm-up
2. Read *The Perks of Being a Wallflower* (1:20:41-1:47:48)
3. ACEs Through the Eyes of Charlie’s Mom and Grandpa

ACEs Through the Eyes of Charlie's Mom and Grandpa

Directions: Read the excerpt from *The Perks of Being a Wallflower* below. After you have completed the

“He [Charlie’s grandpa] told us that when he was sixteen, he had to leave school because his dad had died, and someone had to support the family. He talked about the time when he had to go to the mill three times a day to see if there was any work for him. And he talked about how cold it was. And how hungry he was because he made sure his family always ate before him. Things he said we just wouldn’t understand because we were lucky. Then, he talked about his daughters, my mom and aunt Helen.

‘I know how your mom feels about me. I know Helen, too. There was one time...I went to the mill...no work...none...I came home at two in the morning...pissed and pissed...your grandmother showed me their report cards...C-plus average...and these were smart girls. So, I went into their room and I beat some sense into them...and when it was done and they were crying, I just held up their report cards and said...‘This will never happen again.’ She still talks about it...your mother...but you know something...it never did happen again...they went to college...both of them. I just wish I could have sent them...I always wanted to send them...I wish Helen could have understood that. I think your mother did...deep down...she’s a good woman...you should be proud of her.’

When I told my mom about this, she just looked very sad because he could never say those things to her. Not ever. Not even when he walked her down the aisle”

(Chbosky, 58).

Directions: In the excerpt above, we get a deeper understanding of Charlie's grandpa and his mom's upbringing. There are evidence of ACEs in both Charlie's mom and grandpa's lives. Below, you will see two ACE Questionnaire forms for Charlie's grandpa and mom. Using textual evidence (from this excerpt and in previous parts of the book (if you wish to use them)) complete the forms from the perspective of Charlie's grandpa and mom. You may have to make inferences based on what is written explicitly and implicitly in the text. You may choose a partner to work with. You will have the next class period to finish this, so please do not complete this for homework!

**Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score--Charlie's
Grandpa**

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often...**

Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

Yes

No

If yes, enter 1 _____

2. Did a parent or other adult in the household **often...**

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Yes

No

If yes, enter 1 _____

3. Did an adult or person at least 5 years older than you **ever...**

Touch or fondle you or have you touch their body in a sexual way?

or

Try to or actually have oral, anal, or vaginal sex with you?

Yes

No

If yes, enter 1 _____

4. Did you **often** feel that...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes

No

If yes enter 1 _____

5. Did you **often** feel that...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes

No

If yes, enter 1 _____

6. Were your parents **ever** separated or divorced?

Yes

No

If yes, enter 1 _____

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes

No

If yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes

No

If yes, enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes

No

10. Did a household member go to prison?

Yes

No

If yes enter 1 _____

Now add up your “Yes” answers: _____

This is your ACE Score

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score--Charlie's

Mom

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often...**

Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

Yes

No

If yes, enter 1 _____

2. Did a parent or other adult in the household **often...**

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Yes

No

If yes, enter 1 _____

3. Did an adult or person at least 5 years older than you **ever...**

Touch or fondle you or have you touch their body in a sexual way?

or

Try to or actually have oral, anal, or vaginal sex with you?

Yes

No

If yes, enter 1 _____

4. Did you **often** feel that...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes

No

If yes enter 1 _____

5. Did you **often** feel that...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes

No

If yes, enter 1 _____

6. Were your parents **ever** separated or divorced?

Yes

No

If yes, enter 1 _____

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes

No

If yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes

No

If yes, enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes

No

10. Did a household member go to prison?

Yes

No

If yes enter 1 _____

Now add up your “Yes” answers: _____

This is your ACE Score

Where Do I Go From Here?

As you complete *The Perks of Being a Wallflower*, you can choose what to discuss with ACEs, trauma, mental illnesses, etc. This book covers so many important topics that aren't always discussed in school. By teaching books that acknowledge these topics, not only are you validating to students, who may be experiencing what the characters are experiencing, that they're not alone and that there are ways to ask for help, but you're educating students, who may not have these experiences, with information on these topics and how to help.

Ways to continue this unit, I feel, is up to the teacher. *You* can decide the topics discussed in depth. I feel that this unit is something that could forever be adapted. If I were to teach this in the classroom, I would continue to do readings and find articles that connect to that topic from the book. I would give students tools and resources on how to cope with things that they struggle with because if students don't know healthy ways to cope, they might choose unhealthy outlets like smoking, drinking, taking drugs, etc. to cope with their struggles.

To finish this unit, I would have a 2 part final project. First, I would ask students to choose 1 letter from each part of the story (4 letters total) and give Charlie advice on whatever is in the letter. Students would have to use sources (whether they are assigned in class or found by the student) to back up the advice they're giving. Second, I would ask students to write a short reflection on ways that they cope with stressors. If the behavior is negative, how can they find healthy ways to cope? Thank you for reading this and I hope it inspires you to bring readings into your classroom that can make a student feel that they aren't alone.

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ACEs Questionnaire

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